

REC'D JAN 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43565
Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 449

(b) Township _____ Primary Registration District No. 4267 Registered No. _____

(c) City Lebanon (d) Street No. Louis Muller Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Patricia Kathleen Jewel Moody

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Never

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-5-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Lebanon (STATE OR COUNTRY) Mo

FATHER

13. NAME Ray Moody

14. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Louise Mathers

16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) Mo

17. INFORMANT J. L. Moody (ADDRESS) Waynesville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Deaton DATE 12/6/38

19. FUNERAL DIRECTOR (NAME) Wm D. Gillent (ADDRESS) Waynesville Mo

20. FILED 12-9-38 J. A. McCoub Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1938, to Dec 6 1938.
I last saw him alive on Dec 5, 1938 Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:
Premature infant Date of onset _____

Other contributory causes of importance: 154

Name of operation Cesarian Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Wm D. Gillent M. D.
(Address) Lebanon Mo

WHILE FILLING IN WITH CAREFULNESS THAT THIS IS THE ONLY STATE OF MISSOURI...
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X14623

RECEIVED
District Health Officer No. 7,
District File Number 7-29-65-
Date Filed 1-11-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ✓

Registered Apprentice No. ✓ ✓, working under my personal supervision,

Signed

Licensed Embalmer No. 2341-

P. O. Address Dixon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.